

Sams Helping Hands Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sams Helping Hands Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and children with various needs including, physical disabilities and people living with dementia or a learning disability. At the time of this inspection 44 people were using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's medicines were not always safely managed. This was because guidance for staff was not always clear. This meant people were at increased risk of experiencing harm from avoidable medicines errors. Records for administering prescribed creams were incomplete. The service was not following the provider's medicine policy in relation to 'as required' medicines. Medicine audit tools did not pick up on the discrepancies we found during the inspection.

Staff had not received specific training in relation to one person's modified dietary needs. We have made a recommendation about provider revisiting the training needed in relation to modified diets, and ensures staff are confident and competent to apply their learning in their practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the systems in the service did not always support this practice. The provider had no specific mental capacity assessments in place. The registered manager implemented mental capacity assessments during the inspection process. We have made a recommendation about the provider reviewing their systems in place to work within the principles of the Mental Capacity Act (2005).

Care plans did not consider people's end of life wishes. We have made a recommendation about the provider reviewing their systems for people's end of life wishes.

The service did not always make statutory notifications to the CQC when required.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care plans were person-centred and were focused on promoting people's independency and empowering their lives. The care provided was person-centred and promoted people's dignity, privacy and upheld their human rights.

People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was readily available to them.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. The provider had systems in place to monitor staffing levels and ensure people received their visits. People told us staff were on time for their visits and if on an occasion staff were delayed, they would be informed.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning. People's views and decisions about care were incorporated when their care packages were devised. People were involved in making decisions about their day to day care. People's independency was encouraged where possible and this was reflected in people's care plans.

The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. The registered manager had regular contact with people. Relatives spoke positively about the registered manager. Staff praised the registered manager and wider management team, they felt supported in their roles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 17 March 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the provider's recruitment processes. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern (please see the safe section of this full report). However, we have found a breach of another regulation. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the effective management of medicines and good governance at this inspection. We have made recommendations in relation to staff training in modified diets, working within the principles of the Mental Capacity Act (2005) and people's end of life wishes

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sams Helping Hands Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 December 2022 and ended on 15 December 2022. We visited the location's office on 5 December 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, field supervisor, care co-ordinator and care workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always safely managed. This was because guidance for staff was not always clear. This meant people were at increased risk of experiencing harm from avoidable medicines errors. Medication administration records (MARs) did not always include a record of what individual medicines looked like from people's medicine blister packs, therefore staff have limited guidance to identify what medicines they were administering.
- People's allergies were not always recorded. There were gaps on 1 person's MARs and the relevant codes to advise why there were gaps had not been used.
- Records to show topical preparations such as creams were not always completed; therefore, we were not assured people's skin was cared for properly. One person was being supported with prescribed creams and their MARs and topical cream chart lacked detail. The person's basic details and allergies were missing, the body map was not completed to direct staff where the creams were required to be applied, the strengths and the frequency (of application) were not noted.
- The service was not following the provider's medicine policy in relation to 'as required' medicines. For example, the provider's policy stated, 'a doctor will add a PRN medication to the medication chart. To avoid any confusion the medication order shall state; medication name, strength, formulation, number or quantity to be given and route of administration' etc. However, these details were not available for 'as required' prescribed creams.

We found no evidence that people had been harmed however, systems had not been effectively established to ensure the safe administration of people's medicines. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection and implemented changes to medicine records.

- Staff told us and records showed staff were trained in the safe administration of medicines and had their competency assessed. One staff member told us, "I have had training and [manager] did an observation on me."
- People told us they received their medicines. One person told us, "Yes I do receive my medication as needed." A relative added, "Carers give medication from the blister pack, I have no concerns."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe with the carers" and, "I am certainly happy and feel safe. They [staff] are doing everything that they should do."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied action would be taken to investigate them. A staff member told us, "I would report concerns to the manager and know I can go higher and report concerns to the duty manager at the local authority if needed."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk.
- People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- There was a suitable system in place to report, monitor and learn from accidents and incidents. Staff were aware of how and when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Appropriate staff were recruited, staff had the necessary safety checks in place before starting work and completed a full induction.
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us there were enough staff to complete the daily visits, travel time was allocated on their rotas and their shifts were covered when they were absent.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A staff member commented, "We have enough PPE, we can go to the office to pick it up or they have it ready for us in the team meetings." A person told us, "The girls [staff] wear masks and gloves [when staff visit]."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had received general training in food hygiene. However, staff had not received specific training in relation to one person's modified dietary needs.

We recommend the provider revisits the training needed in relation to modified diets, and ensures staff are confident and competent to apply their learning in their practice.

- Where people required support with their food, the level of support was agreed and recorded in their care plan.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "I have had training in MCA. It is about looking at whether a person can make a decision about something for themselves."
- People's care plan contained information about people's cognition. However, the provider had no specific mental capacity assessments in place. The registered manager implemented mental capacity assessments during the inspection process .

We recommend the provider reviews their systems in place to work within the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to starting with the service and staff were introduced as part of the initial assessments. Care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs.
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. Relatives told us, "The staff contact me when [person's] needs have changed," and "We talk about any changes."

Staff support: induction, training, skills and experience;

- Staff had received an induction when they first started working at the service and training had been provided. One staff member told us, "I had an induction when I started, it was informative. I shadowed other staff for at least 3 shifts. I did 3 days of face to face training, which was mandatory, it was good. We can also ask for training."
- Staff had opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We get one to ones every month and they are helpful. I feel a hundred percent supported."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff had attended to people's visits. People and relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed. A person commented, "Mostly they [staff] come on time, sometimes they are stuck in traffic and I get a phone call to say they will be late."
- Staff worked in collaboration with people, their relatives, and professionals involved in their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well.
- Staff knew people's histories and preferences and used this knowledge to support them in the way they wanted. People told us, "The carers are kind and caring, they treat me with respect," and "The carers do what they need to do. They are very good. I trust them being in my home and looking after me." A relative added, "The carers are kind and caring. They banter with [person]. The carers know what [person] likes."

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff support people in a way that allowed people to have control over their lives and make day to day decisions. A person told us, "Yes, staff listen to what I have to say."
- People were involved in making decisions about their day to day care. A staff member commented, "We always ask people and make sure they are happy with something. They have a right to make their own choices."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy, and respect. A person told us, "They [staff] treat me with respect and they respect my privacy and dignity." A staff member added, "If I am supporting with personal care I ensure people are covered and they are conformable with the care that is being provided [to maintain their privacy and dignity]."
- People's independence was encouraged where possible and this was reflected in people's care plans. A relative told us, "They [staff] encourage [person] to be independent, they encourage [person] to put their own arms through their jumper or t-shirt." A staff member commented, "We encourage them [people] to do a task for themselves, we motivate them and help when needed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how to best support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved when care packages were devised and involved in regular reviews. A person told us, "I have a care plan and I was involved in setting it up." A relative added, "I am involved in the care planning."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- Staff had a good understanding of people's communication needs and staff were provided with resources to support their communication with people. For example, staff were provided with cards containing details of various sign language. One person who did not communicate in English was supported to interact by a system which translated words and sentences to English and the other way around.

Improving care quality in response to complaints or concerns

- There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- Complaints had been responded to in line with the providers complaints policies and procedures. People told us, "I have no concerns with the care. I know how to complain" and, "I have not needed to complain, but I would contact the office if I needed to."

End of life care and support

- Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. However, at the time of this inspection the service was not supporting anyone who needed end of life care.
- Care plans did not consider people's end of life wishes. We fed this back to the registered manager, who

assured us they would take immediate action to ensure people's end of life wishes would be discussed at people's reviews and included in people's care plans when appropriate.

We recommend the provider reviews their systems for people's end of life wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This is because there was ineffective governance and quality assurance systems in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Systems and processes to assess, monitor and improve the service required improvement and embedding into practice. Medicine audit systems were not robust. Although a medicines audit tool was in place and being completed regularly it did not pick up on the discrepancies we found during the inspection.
- Capacity and consent assessments had not been completed. These assessments are required to identify if people were able to make specific decisions independently.
- The service did not always make statutory notifications to the CQC when required. Registered providers have a duty to submit statutory notifications to the CQC when certain incidents, such as serious injuries or allegations of abuse happen.

Systems had not been established to assess, monitor and improve the quality and safety of the service. This contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection and submitted the statutory notifications retrospectively to the CQC.

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- Other systems were in place to monitor the standard of care people received. The registered manager had regular contact with people. Regular audits of communication logs, accidents and incidents and staff files were completed.
- The provider operated an on-call system to ensure staff had access to management support during out of hours.
- Relatives spoke positively about the registered manager. A relative told us, the "[Registered manager] is great, we get on like friends."
- Staff praised the registered manager and wider management team, they felt supported in their roles. A staff member told us, "[Registered manager] is lovely, really nice, very helpful and supportive," and, "All the office staff are amazing. [The provider] is absolutely amazing, it is like a family and, we are always treated like family."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A relative told us, "I would recommend the service. It is a nice group and they [staff] are great to talk to. If anything needs to be discussed and sorted, it is."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people were positive. A staff member told us, "I would recommend the company to a family member. This company is great, I am a hard worker and very happy and comfortable here. The people are great we all get on well with the people. The staff all support each other, we work as a family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives' feedback was sought through people's care plan reviews and regular contact. The registered manager told us they would be conducting annual surveys in due course and they will analyse the results to drive ongoing developments and safety.
- Staff views were sought through regular meetings and supervisions. The provider will be conducting staff surveys in the future.

Working in partnership with others

- The service worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and the local authority. One professional who worked with the service wrote, "Your approach is very person centred and it is evident you go above and beyond for your clients."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been effectively established to ensure the safe administration of people's medicines. Regulation 17(2)(c) Systems had not been established to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)